

CAMPAIGN FINANCE DIVISION

☒ **WAIVER REQUEST**
☐ **RECONSIDERATION REQUEST**

DATE: 12/29/2021
DOCKET#:

FILER INFORMATION

Name: Markeda Cottonham
Office: Councilman, Metro District 10
Parish: EAST BATON ROUGE
Election Date: 11/3/2020
Level of Office: District

125 N. 18th St.
Baton Rouge, LA
70802-3824

REPORT INFORMATION

Name of Report: 30-P
Original Due Date: 10/5/2020
Date Filed: 3/17/2021
Activity Receipts: \$-0
Expenditures: \$-0
Funds at Close of Reporting Period: \$-0

LATE FEE INFORMATION

Amount of Late Fee: \$2,000
Days Late: 163
Late Fee Order Received: 3/1/2021
Payment/Waiver Request Due Date: 3/22/2021
Waiver Request Received: 3/17/2021
Additional Information Requested:
- Medical
XX - Financial
- Other

COMMENTS: She did not raise any money and thought that she didn't need to file anything. She called the Ethics office about a week prior to receiving the late notice and was told that she, in fact, did still need to file. She then had to receive the money to get her form notarized. She mailed in the form and his login information and filed reports. She did not neglect filing out secrecy or malicious intent, she truly misunderstood the entire process. This was her first campaign and ran it by herself, no team, no advice, no help. Additionally, she is poor- a \$2000 fine represents half of her annual income and would be an extreme financial burden.

OTHER LATE FEE INFORMATION

Campaign Finance:

Other Outstanding Reports: No
Other Outstanding Late Fees: No
Prior Late Fees: No
Reassessed Late Fees: No

Disclosure Statements:

Other Outstanding Late Fees: No
Prior Late Fees: No

Louisiana Board Of Ethics

I write today to ask that my late fee to be waived.

Originally I did not understand that I needed to file anything because I did not raise any money. I called the Ethics office about a week prior to receiving the late notice and was told that I, in fact, do still need to file. I then had to receive the extra money to get my form notarized. I have since mailed in the form and I am awaiting my login information.

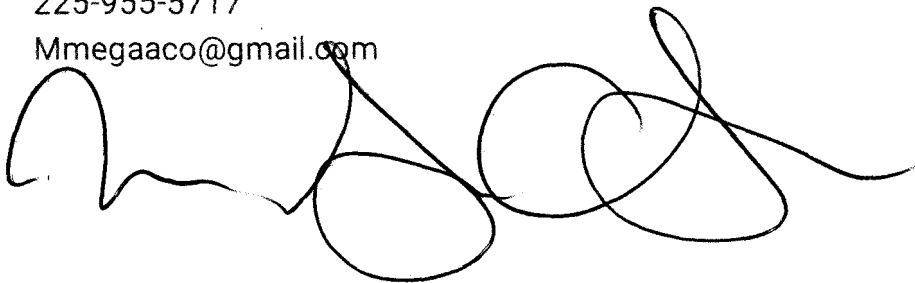
I did not neglect filing out secrecy or malicious intent. I truly misunderstood the entire process. This was my first campaign and I ran it by myself, no team, no advice, no help. I apologize for my lack of understanding! But I assure you that I did not raise one dime and my report will reflect that.

Additionally, I am poor. A \$2,000 fine represents half of a third of my annual income. Yes, that's annual income. With that being said, it would be an extreme financial burden on me if this late fee isn't waived. So I ask that you consider the facts that this was my first campaign, I did it alone, I didn't raise any money, and I am poor. I apologize and ask that this late fee be waived.

Markeda Ann Cottonham

225-955-5717

Mmegaaco@gmail.com

A handwritten signature in black ink, appearing to read 'Markeda', with a large, stylized loop at the end.

ETHICS BOARD REC'D
MAR 17 '11 4:18 PM

Wheeler (Horn)
5 W. 16th St
San Francisco CA 94002

Board of Ethics
P.O. Box 4368
Fort Worth TX 76021





STATE OF LOUISIANA
DEPARTMENT OF STATE CIVIL SERVICE
LOUISIANA BOARD OF ETHICS
P. O. BOX 4368
BATON ROUGE, LA 70821
(225) 219-5600
FAX: (225) 381-7271
1-800-842-6630
www.ethics.la.gov

December 22, 2021

Ms. Markeda Cottonham
125 N. 18th St.
Baton Rouge, LA 70802-3824

RE: Ethics Board Docket No.: 2022

Dear Ms. Cottonham:

You recently requested a waiver of the late fee assessed against you for filing your campaign finance disclosure report late in connection with the November 3, 2020 election. In the request you stated paying the fines would be a financial hardship. If you would like the Board to consider your financial situation, you must provide documentation verifying your claim. Please complete the enclosed form and return it along with your most recent tax return or benefits statement.

Should you have any questions, please contact me at the above number.

Please submit the documentation to the above address by **January 31, 2022**.

Sincerely,

LOUISIANA BOARD OF ETHICS

Melissa Horn

Docket ID: 2022-

Financial Statement for Markeda Cottonham (Filer Name)

Married: ☐ Yes ☒ No

Spouse's name (if applicable): _____

Name	Age	Relationship	Contributes to household income?
Dependents (include claimed dependents and other persons living in your household):			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

Employment of Filer and Spouse

Filer / Spouse	Name of Employer	Occupation	Frequency of Payment (weekly, monthly, etc.)	Ownership Interest in Employer? If "Yes", percentage of ownership, type of business (ie: sole proprietorship, C corporation, subchapter S, LLC, etc), and position with company (ie: officer, director, partner, etc.)
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____
<input type="radio"/> Filer <input type="radio"/> Spouse				<input type="radio"/> Yes % ownership: _____ <input type="radio"/> No Business Type: _____ Position: _____

Cash and Investments over \$1,000 (select all that apply): ☐ Cash ☐ Checking ☐ Savings ☐ MoneyMarket ☐ CD

Property in which own or are buying (if additional space is needed, include as an attachment)

Property description (residential, commercial, farmland, investment, etc.)	Location (parish/county and state)

Required Attachments:

- Monthly Household Income/Expense Form
- Copy of most return tax return/schedules filed by filer, spouse and/or business
- Most recent bank statements for checking and savings disclosing balance of accounts

I hereby certify that the above-provided information and attachments are true and correct to the best of my knowledge, information and belief.

Signature

Date

MONTHLY HOUSEHOLD INCOME/EXPENSE FORM for _____ (Filer Name)

Monthly Household Income

Income Type		Monthly Amount
Filer	Gross Wages	
	Social Security	
	Pension	
	Other Income	
	Withholdings	
Spouse	Gross Wages	
	Social Security	
	Pension	
	Other Income	
	Withholdings	
Dependents	Contribution to Household Income	
Interest/Dividends/Distributions from Investments		
Rental Income		
Income from Business		
Child Support		
Alimony		
Total Monthly Income		

Monthly Household Expenses

Expense Type		Monthly Amount
Housing (mortgage or rent)		
Vehicle (loan or lease)		
Public Transportation Costs		
Health Insurance		
Court-ordered expenses		
Student loans		
Other Loans - provide description		
Utilities		
Food, personal products, etc.		
Childcare		
Other Expenses (Provide Description)		
Total Monthly Expenses		